

Form CPF M 102: Campaign Finance Report Municipal Form

2018 APR -3 AM 8: 52

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/3	File with: City or Town Clerk or Election Commission Ending Date: 3/30/18
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Jane Pierce Morgan	Committee to Elect Jane Morgan
Candidate Full Name (if applicable) School Committee	Committee Name
Office Sought and District	Name of Committee Treasurer
172 Brattle St Arlington	172 Brattle St Arlington
Residential Address	Committee Mailing Address
E-mail: janepmorgan egmail.com	E-mail: 1awilski@gmail.com
Phone # (optional): 857. 156. 7154	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0.0
Line 2: Total receipts this period (page 3, line 11)	\$1567.00
Line 3: Subtotal (line 1 plus line 2)	\$1567.00
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	ge 6) OLO \$45
Line 7: Total (all) outstanding liabilities (page 7)	0.0
Line 8: Name of bank(s) used: Citizen	s Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box candidate with Committee and no activity independent of the committee in certify that I have examined this report including attached schedules and it is to the best of the committee.	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3/30/18 only)
incurred any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the t finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
2/2/18	Curro, Joseph 21 Millett St Arrington	100		
1/20/18	Haywood-Baxter, Ann 14 Westminsterst, Somenille	200	chaplain, Children's Hospital Boston	
2/17/18	Hopeman AA I Monadnock, Arrington	100		
3/1/18	Mahon, Diane 23 Howard St, Arrlington	100		
2/22/18	Moir, Juliet 14 Wellesley Rd Arlington	[00]		
3/7/18	Yontar, Timur 58 Rates, Arrington	loo		
1/15/18	Zawilski, Kevin 172 Brattle Arrington	100		
Line 9: Total Recei	pts over \$50 (or listed above)	\$800		
Line 10: Total Receipts \$50 and under* (not listed above)		\$767		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amou		Occupation & Employer (for contributions of \$200 or more)
	1		
	ts over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
ne 11: TOTAL RE	ECEIPTS IN THE PERIOD	←	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

 $M.G.L.\ c.\ 55\ requires\ committees\ to\ list,\ in\ alphabetical\ order,\ all\ expenditures\ over\ \$50\ in\ a\ reporting\ period.$ Committees\ must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each p

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/15/18	Cambridge Ottset	56 Creighton St Cambridge MA	printing/postage	629.7
3/16/18	Cambridge Offset	56 Creignton St Cambridge MM	printing	203.47
3/7/18	Lightning Design	175 Richdale Are Cambridge MA	design services	160.00
3/15/18	Maryellen McDonnell	349 washington St Arrington MA	Coffee reimburgement	51.20
Line 12: Total Expenditures over \$50 (or listed Line 13: Total Expenditures \$50 and under* (no			\$1044.40	
		Line 14: TOTAL EXPENDITU		\$ 87.17

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Ever-12	
	3)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 and	d under* (not listed above)	
	Fo.4.			
an han i'	Enter on page 1, line 4 →		TURES IN THE PERIOD should include only those expenditures r	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over \$50 (or listed above)		0
				¥45
		Line 17: TOTAL IN-KIND C		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount